

 United States Environmental Protection Agency 1200 Pennsylvania Avenue, N.W. Washington, DC 20460-0001		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide – Section I			
1. Company/Product Number 54555-2		2. EPA Product Manager L. Roe	
4. Company/ Product (Name) Dormex		PM # 22	3. Proposed Classification X None <input type="checkbox"/> Restricted
5. Name and Address of Applicant (Include ZIP Code) Alzchem Trostberg GmbH c/o Biologic Regulatory Consulting, Inc. 10529 Heritage Bay Blvd. Naples, FL 34120		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i) my product is similar or identical in composition and labeling to: EPA Reg. No. Product Name	
<input type="checkbox"/> Check if this is a new address			
Section – II			
<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input checked="" type="checkbox"/> Notification – Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other – Explain below.	
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) Notification of Termination of Supplemental Distributor Agreement, EPA Reg. No. 54555-2-69237 b Jane Miller, Agent jmill@biologicconsulting.com			
Section – III			
1. Material This Product Will Be Packaged In:			
Child Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify): _____
*Certification must be submitted	If "Yes" Unit Packaging Wt.	No. Per Container	If "Yes" Packaging Wt.
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container	5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling Accompanying Product
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued	<input type="checkbox"/> Stenciled <input type="checkbox"/> Other
Section – IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application).			
Name Jane M. Miller		Title Agent	Telephone No. (Include Area Code) 239-331-3422
Certification			6. Date Application Received (Stamped) 
I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			
2. Signature 		3. Title Agent	
4. Typed Name Jane M. Miller		5. Date January 16, 2020	